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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X] IXC [] CLEC [] ILEC [] Wireless

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	gent Communi	cation	s Corpora	ation				
Com	pany Name							
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Mail	ing Address						-	
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City,	State, Zip Code							
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Busir	ness Location			-		-		
Lak	e Forest CA	92630		_		Orange		
City,	State, Zip Code					County		
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	Pursuant to the Co	mmission'	s rules and re	gulations,	print or type	e company c	ontact for the folio	wing areas:
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A.	Carolina C		l 'r liee i i					
	General Manager			,		_		
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Emergencies (During non-off	ice hours)									
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Telephone Number	Facsimile Number		E-mail Address							
tion, please provide the followi	ng company contact inform	nation to	assist in proper routing of co	orrespondence and invoices:						
	e address if different than abo	ove.)								
949-753-7000		•	equlatory@legent	COM COM						
Telephone Number	Facsimile Number		E-mail Address	com: com						
Dual Party Mailings (Name)										
Mailing Address										
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relephone Number	racsimile Number		E-mail Address							
Interim LEC Fund Mailings (Name)										
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Telephone Number	/ Facsimile Number		E-mail Address							
Patrick D Crocke										
Mailing Address										
		/cor		gulatorycompliance.						
·			E-mail Address							
<u>IU/ W Michigan 4th Fl, Kalamazoo MI 49007</u> Mailing Address										
269-381-8888	/ 269-381-4855	/cor	tact@nationwidere	gulatorycompliance.d						
Telephone Number	Facsimile Number		E-mail Address							
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Lifeline Mailings (Name)										
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Patrick D Crocke	r									
			Signature							
President, Nation	nwide									
Regulatory Compl Title	iance, LLC	=	5/26/2011 / Date							
RETURN COMPLETED FORM	TO:									
	mission of SC			CLERKS OFFICE						
Clerk's Office Post Office Drawer 11649			Attn: Jeanne Gordon	LEMK'S OFFICE						
POST UTTICE Drawer	LINAM	1	401 Main Street, Suite 900	· • L-						
	Telephone Number tion, please provide the following Scott White Regulatory Officer (Include 949-753-7000) Telephone Number Dual Party Mailings (Name) Mailing Address Telephone Number Interim LEC Fund Mailings (Mailing Address) Telephone Number Patrick D Crocket Universal Service Fund Mailing Address 269-381-8888 Telephone Number Patrick D Crocket Gross Receipts Mailings (Name) Patrick D Crocket Gross Receipts Mailings (Name) 107 W Michigan 4 Mailing Address 269-381-8888 Telephone Number Patrick D Crocket Gross Receipts Mailings (Name) Mailing Address Telephone Number Lifeline Mailings (Name) Mailing Address Telephone Number Patrick D Crocket This form was completed by (president, Nation Regulatory Complititle) RETURN COMPLETED FORM Public Service ComClerk's Office	Scott White Regulatory Officer (Include address if different than about 949-753-7000 / 949-753-7267 Telephone Number Facsimile Number Dual Party Mailings (Name) Mailing Address / Telephone Number Facsimile Number Interim LEC Fund Mailings (Name) Mailing Address / Telephone Number Facsimile Number Interim LEC Fund Mailings (Name) Mailing Address / Telephone Number Facsimile Number Patrick D Crocker Universal Service Fund Mailings (Name) 107 W Michigan 4th F1, Kalamaz Mailing Address 269-381-8888 / 269-381-4855 Telephone Number Facsimile Number Patrick D Crocker Gross Receipts Mailings (Name) 107 W Michigan 4th F1, Kalamaz Mailing Address 269-381-8888 / 269-381-4855 Telephone Number Facsimile Number Patrick D Crocker Mailing Address / Telephone Number Facsimile Number Lifeline Mailings (Name) Mailing Address / Telephone Number Facsimile Number Lifeline Mailings (Name) Mailing Address / Telephone Number Facsimile Number Lifeline Mailings (Name) Mailing Address / Telephone Number Facsimile Number Lifeline Mailings (Name) Mailing Address / Telephone Number Facsimile Number Lifeline Mailings (Name) Mailing Address / Telephone Number Facsimile Number Lifeline Mailings (Name) Mailing Address / Telephone Number Facsimile Number Patrick D Crocker This form was completed by (print name) President , Nationwide Regulatory Compliance , Lilic Title RETURN COMPLETED FORM TO: Public Service Commission of SC Clerk's Office	Telephone Number Facsimile Number tion, please provide the following company contact information to Scott White Regulatory Officer (Include address if different than above.) 949-753-7000 / 949-753-7267 / r Telephone Number Facsimile Number Dual Party Mailings (Name) Mailing Address / / / / / / / / / / / / / / / / / /	Telephone Number Facsimile Number E-mail Address tion, please provide the following company contact information to assist in proper routing of content of the following company contact information to assist in proper routing of content of the following company contact information to assist in proper routing of content of the following company contact information to assist in proper routing of content of content of the following company contact information to assist in proper routing of content of cont						